



## Complete Summary

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### TITLE

Eye care: percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months.

### SOURCE(S)

American Academy of Ophthalmology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Eye care physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 13 p. [8 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with a diagnosis of diabetic retinopathy who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months.

### RATIONALE

Several level 1 randomized control trial (RCT) studies demonstrate the ability of timely treatment to reduce the rate and severity of vision loss from diabetes (Diabetic Retinopathy Study-DRS, Early Treatment Diabetic Retinopathy Study-

ETDRS). Necessary examination prerequisites to applying the study results are that the presence and severity of both peripheral diabetic retinopathy and macular edema be accurately documented. In the RAND chronic disease quality project, while administrative data indicated that roughly half of the patients had an eye exam in the recommended time period, chart review data indicated that only 19% had documented evidence of a dilated examination. Thus, ensuring timely treatment that could prevent 95% of the blindness due to diabetes requires the performance and documentation of key examination parameters. The documented level of severity of retinopathy and the documented presence or absence of macular edema assists with the on-going plan of care for the patient with diabetic retinopathy.\*

\*The following clinical recommendation statement is quoted verbatim from the referenced clinical guidelines and represents the evidence base for the measure:

Since treatment is effective in reducing the risk of visual loss, detailed examination is indicated to assess for the following features that often lead to visual impairment: presence of macular edema, optic nerve neovascularization and/or neovascularization elsewhere, signs of severe nonproliferative diabetic retinopathy (NPDR) and vitreous or preretinal hemorrhage. (American Academy of Ophthalmology [AAO])

## **PRIMARY CLINICAL COMPONENT**

Diabetic retinopathy; dilated macular or fundus exam; documentation of level of severity of retinopathy; documentation of presence or absence of macular edema

## **DENOMINATOR DESCRIPTION**

All patients aged 18 years and older with a diagnosis of diabetic retinopathy (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

## **NUMERATOR DESCRIPTION**

Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## **Evidence Supporting the Measure**

### **EVIDENCE SUPPORTING THE CRITERION OF QUALITY**

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### **NATIONAL GUIDELINE CLEARINGHOUSE LINK**

- [Diabetic retinopathy.](#)

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Use of this measure to improve performance

### EVIDENCE SUPPORTING NEED FOR THE MEASURE

McGlynn EA, Asch SM, Adams J, Keesey J, Hicks J, DeCristofaro A, Kerr EA. The quality of health care delivered to adults in the United States. N Engl J Med 2003 Jun 26;348(26):2635-45. [PubMed](#)

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement  
National reporting

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Physician Group Practices/Clinics

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

Unspecified

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

Unspecified

#### **COSTS**

Unspecified

### Institute of Medicine National Healthcare Quality Report Categories

#### **IOM CARE NEED**

Living with Illness

#### **IOM DOMAIN**

Effectiveness

### Data Collection for the Measure

#### **CASE FINDING**

Users of care only

#### **DESCRIPTION OF CASE FINDING**

All patients aged 18 years and older with a diagnosis of diabetic retinopathy

#### **DENOMINATOR SAMPLING FRAME**

Patients associated with provider

## **DENOMINATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

All patients aged 18 years and older with a diagnosis of diabetic retinopathy

### **Exclusions**

- Documentation of medical reason(s) for not performing a dilated macular or fundus examination
- Documentation of patient reason(s) for not receiving a dilated macular or fundus examination
- Documentation of system reason(s) for not receiving a dilated macular or fundus examination

**Note:** The system reason exclusion may be used if a physician is asked to report on this measure but is not the physician providing the primary management for diabetic retinopathy.

## **RELATIONSHIP OF DENOMINATOR TO NUMERATOR**

All cases in the denominator are equally eligible to appear in the numerator

## **DENOMINATOR (INDEX) EVENT**

Clinical Condition  
Encounter

## **DENOMINATOR TIME WINDOW**

Time window is a single point in time

## **NUMERATOR INCLUSIONS/EXCLUSIONS**

### **Inclusions**

Patients who had a dilated macular or fundus exam performed which included documentation of the level of severity of retinopathy AND the presence or absence of macular edema during one or more office visits within 12 months

**Note:** Medical record must include:

- Documentation of the level of severity of retinopathy (e.g., background diabetic retinopathy, proliferative diabetic retinopathy, nonproliferative diabetic retinopathy)

AND

- Documentation of whether macular edema was present or absent.

### **Exclusions**

None

## **MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS**

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### **NUMERATOR TIME WINDOW**

Encounter or point in time

#### **DATA SOURCE**

Administrative data  
Medical record

#### **LEVEL OF DETERMINATION OF QUALITY**

Individual Case

#### **PRE-EXISTING INSTRUMENT USED**

Unspecified

### **Computation of the Measure**

#### **SCORING**

Rate

#### **INTERPRETATION OF SCORE**

Better quality is associated with a higher score

#### **ALLOWANCE FOR PATIENT FACTORS**

Unspecified

#### **STANDARD OF COMPARISON**

Internal time comparison

### **Evaluation of Measure Properties**

#### **EXTENT OF MEASURE TESTING**

Unspecified

### **Identifying Information**

#### **ORIGINAL TITLE**

Measure #7 diabetic retinopathy: documentation of presence or absence of macular edema and level of severity of retinopathy.

## **MEASURE COLLECTION**

[The Physician Consortium for Performance Improvement® Measurement Sets](#)

## **MEASURE SET NAME**

[Eye Care Physician Performance Measurement Set](#)

## **SUBMITTER**

American Medical Association on behalf of the American Academy of Ophthalmology, the National Committee for Quality Assurance, and the Physician Consortium for Performance Improvement®

## **DEVELOPER**

American Academy of Ophthalmology  
National Committee for Quality Assurance  
Physician Consortium for Performance Improvement®

## **FUNDING SOURCE(S)**

Unspecified

## **COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

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## **FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

Conflicts, if any, are disclosed in accordance with the Physician Consortium for Performance Improvement® conflict of interest policy.

**ENDORSER**

National Quality Forum

**INCLUDED IN**

Ambulatory Care Quality Alliance  
Physician Quality Reporting Initiative

**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2006 Oct

**REVISION DATE**

2007 Oct

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

American Academy of Ophthalmology, Physician Consortium for Performance Improvement®, National Committee for Quality Assurance. Eye care physician performance measurement set. Chicago (IL): American Medical Association, National Committee for Quality Assurance; 2007 Oct. 13 p. [8 references]

**MEASURE AVAILABILITY**

The individual measure, "Measure #7 Diabetic Retinopathy: Documentation of Presence or Absence of Macular Edema and Level of Severity of Retinopathy," is published in the "Eye Care Physician Performance Measurement Set." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement® Web site:  
[www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

**NQMC STATUS**

This NQMC summary was completed by ECRI Institute on February 11, 2008. The information was verified by the measure developer on April 14, 2008.

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